

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A16195 1. Entity Name CONSOLIDATED RESOURCES HEALTH CARE FUND I, LTD.					
Principal Place of Business 3570 KEITH STREET, N.W. CLEVELAND, TN 37312			Mailing Address 3570 KEITH STREET, N.W. CLEVELAND, TN 37312		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$1,464,060.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	PRESTON, FORREST L		CITY - ST - ZIP		
CITY - ST - ZIP	3570 KEITH STREET, N.W. CLEVELAND, TN 37312				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	P38485 H.C.F., INC		CITY - ST - ZIP		
CITY - ST - ZIP	3570 KEITH STREET, N.W. CLEVELAND, TN 37312				
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CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 820, Florida Statutes					
SIGNATURE: <i>Joel E. Thurmond</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: 4-12-04 Daytime Phone #: (423) 473-5868		



01202004 Chg-LP CR2E003 (10/03)

4. FEI Number **58-1475466** Applied For ☐ Not Applicable ☒
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☒

STAPLE CHECK HERE